

UNITED STATES DEPARTMENT OF COMMERCE Patent and Trademark Office Address: COMMISSIONER OF PATENTS AND TRADEMARKS Weshington, D.C. 20231

APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORN	EY DOCKET NO.
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	INTERVIE	EW SUMMARY		
All participants (applicant, applican	t's representative, PTO personnel):	en e	tion where the State of A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(1) Reguald	Sugat 8 sy	(3)	· · · : 	
(2) Shap Rose	US PTO	(4)		
Date of Interview	23 2002	_	-	
Type: Telephonic Personal	(copy is given to applicant [applicant's representative).	**	
Exhibit shown or demonstration cor	nducted: Yes No If yes, br	lef description:		
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Claim(s) discussed: Identification of prior art discussed: Mayormaya sla	to stad rock or	beet attorney	was info	mad that
Description of the general nature of Information of the general nature of the g	what was agreed to if an agreement 30502121 with mo to a returned with mo to	th was reached, or any other of the state of	comments: a 3	-way restry or class.) 1-4° (t36
Client electe	/ (生),			
(A fuller description, if necessary, a must be attached. Also, where no c attached.)	nd a copy of the amendments, if av opy of the amendments which wou	ailable, which the examiner a ld render the claims allowable	greed would render the is available, a summ	e claims allowable ary thereof must be
1. 🗹 It is not necessary for applica	nt to provide a separate record of ti	ne substance of the interview.		
Unless the paragraph above has be IS NOT WAIVED AND MUST INCLU action has are ready been filed, APF SUBSTANCE OF THE INTERVIEW.	IDE THE SUBSTANCE OF THE IN PLICANT IS GIVEN ONE MONTH I	TERVIEW (See MPEP Sect	ion 713 (M). If a mone	nee to the last Office
2. Since the Examiner's interview	w summary above (including any at nat may be present in the last Office	tachments) reflects a comple	te response to each o	of the objections,
is considered to fulfill the resp the interview unless box 1 abo	onse requirements of the last Offic	e action. Applicant is not relie	eved from providing a	is completed form separate record of
Examiner Note: You must sign this fo		other form.	Sh	of R
FORM PTOL-413 (REV.1-96)			.)	D vose